

27 FEB 94

BRITISH MEDICAL

## ASHTON-IN-MAKERFIELD LOCAL BOARD.

### Medical Officer of Health's Annual Report (20th).

ROCK HOUSE,

FEBRUARY 10TH, 1894.

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit to you my Annual Report for the twentieth time, appending as usual the official tables A and B of the Local Government Board, and table C of the County Council. Both tables A and B now require the numbers distinguishing as to cases under five and over five respectively.

The zymotic diseases prevalent consisted of Smallpox, Scarlet Fever, Enteric and Continued Fevers, Puerperal Fever, notifiable under the Act; also Measles, Diarrhoea, Whooping Cough, not notified. Influenza, frequent at end of year, caused one death.

The *death rate*, as calculated upon the population as estimated to 1st July, is 22.3, against 20.5 for 1892, and 22.7 for 1891. The mean for the immediate previous decade being 21.0. The increased rate being referable to mortality from Fevers, Diarrhoea, Gastro-Enteric disease, and largely, too, from an unusual number of deaths in very young children. As a result, therefore, the *zymotic death rate* is above the average. We had a total of 58 deaths from the seven chief of this class, and equal to a rate of 4.0 per 1,000, against 3.7 for 1892, and against a mean of 3.0 for the previous decade.

The births registered were 650, equal to a rate of 45.8.

Births:—	Males, 329	Females, 321	Total, 650.
Deaths:—	„ 153	„ 165	„ 318.
	<u>176</u>	<u>156</u>	<u>332</u>

Two persons killed in the district, but not residents therein, reduce the net natural increment to 330. Estimated population on 1st January, 1894—14,289.

Mortality at subjoined ages, as shewn in table A, is as under:—

Deaths under 1 year	... ...	130	}	Total under 5	... 185
„ 1 year and under 5 years	... 55	55			
„ 5 „	15 years ...	9	}	Total over 5	... 133
„ 15 „	25 years ...	10			
„ 25 „	60 years ...	61	}		
„ 60 years and upwards	... 53	53			
		<u>318</u>			<u>318</u>

The infantile death rate is very high indeed, being 200 per 1,000—that is, of the 650 born during the year, one-fifth would not attain the first year. Of this large number no less than 56 (highest record) were in infants ranging from one month to five seconds; attributed to debility from birth, premature birth, inanition, and the like; inclusive also of five out of a number from Gastro-Enteric disease (to which I shall refer later), five from Lung Diseases, and seven to Diarrhoea. So that we have had many causes raising the mortality at a delicate period of life. With regard to the remainder of the 130, it may be here mentioned that *three* were due to Diarrhoea, *sixteen* to Inflammation of the Gastro-intestinal Tract, *fourteen* to tubercular and other wasting diseases of infancy, and *nine* to Lung Diseases.

*Old Age.*—Thirty-five males and 18 females died over 60, the average of the former being  $72\frac{1}{2}$ , and the latter  $71\frac{1}{3}$  years.

Uncertified deaths were six, and by unregistered practitioners six.

*Inquests.*—Twelve; slightly below the average, owing probably to non-employment of so many workers during one-third of the year. Six were due to injuries received in, or connected with, mining, of which two were non-resident; one from scalds; two from falls; two from smothering while getting surface coal; and one from an internal injury, result of swallowing a pencil.

*Analysis of Causes of Death.*—Smallpox, 1 (aged 2, and unvaccinated); Scarlet Fever, 7 (all under 5); Measles, 3 (under 5); Diphtheria 1 (under 5); Whooping Cough, 7 (under 5); Enteric Fever, 5 (over 5); Puerperal, 10 (over 5); Diarrhoea, 34 (26 under and 8 over 5); Membranous Croup, 7 (6 under and 1 over 5); Erysipelas, 1 (over 5); Rheumatic Fever, 1 (over 5); Consumption, 24 (9 under and 15 over 5); Bronchitis, Pneumonia, and Pleurisy, 54 (24 under and 30 over 5); Heart Disease, 8 (1 under and 7 over 5); Injuries, 12 (3 under and 9 over 5); various non-classified causes, 143 (97 under and 45 over 5); total, 318.

NOTIFICATION OF INFECTIOUS DISEASE.

Schedule of Act.					Mortality.			
	1890	1891	1892	1893	1890	1891	1892	1893
Smallpox.....	—	...	—	12	.....	—	...	—
Cholera .....	—	...	—	—	.....	—	...	—
Diphtheria .....	1	...	1	...	3	.....	1	...
Membr. Croup .....	1	...	1	..	9	.....	4	...
Erysipelas .....	10	...	11	..	32	...	36	..
Scarlet Fever .....	53	...	79	..	113	...	174	..
Continued Fevers.	Typhus .....	—	...	—	—	—	—	—
	Typhoid or Enteric ..	15	...	11	..	44	...	29*
	Relapsing .....	—	...	—	5	...	—	—
	Continued .....	28	...	2	..	13	...	9
	Puerperal .....	—	...	4	..	5	...	16
Totals .....	108	...	109	..	213	...	288	..
Not in Schedule—				Measles .....	.....	10	...	7
				Diarrhoea .....	.....	10	...	6
				Pertussis .....	.....	1	...	10
						42	...	76
						31	...	56
							...	32
							13	3
							11	34
							10	7

\* One withdrawn. One also removed to Hospital proved not to be so.

The Notification Act says:—"Every medical practitioner shall, on becoming aware of infectious disease, forthwith notify the same," &c. Two or three instances palpably shew error in regard to this duty, failure of which entails a penalty.

*Isolation in Hospital.*—Twelve cases of Typhoid (two deaths, one from last year), six cases of Scarlet Fever (no death), and 12 cases of Smallpox were removed to your Hospital, of which there died one unvaccinated child. Total, 30.

*Sickness during the year.*—Although we had an exceptionally fine year, dry and warm weather throughout its whole course, yet if any insanitary conditions exist, it makes marks peculiar to itself in the development of various forms of illness, and to which reference will be made. The number of new cases coming to notice and requiring comment were—Smallpox, 12; Scarlet Fever, 174; Typhoid and Continued Fever, 38; Puerperal, 16; Erysipelas, 36; Croup, 9; and Diphtheria, 3. In addition to the above notified we had illness to a large extent from Diarrhoea and Gastro-Enteric Catarrh, and these two in particular during the hottest months of the year; the death rate for the third quarter approaching double that of corresponding one in previous year in consequence. Proportionate too, to the recorded deaths—three from Measles and seven from Whooping Cough—we infer a pro rata amount of sickness. My own personal observations, however, in regard to them did not strike me as unusual.

In reference to *Smallpox*, the year 1892 closed with the disease all round us, and it is not to be wondered at that we came in for (thanks to the ready means for isolation) a very limited share of it. At 10 p.m., February 14th, in a miserable hovel on the St. Helens boundary, I examined the occupants and found several suffering from the disease—inclusive of the mother with an infant at the breast with confluent malignant Smallpox—unvaccinated. I had the lot, and all whom I knew had been exposed, removed to Hospital next morning,

retaining the last named while the bedding was burned and the premises attended to. The child died, of course, in a couple of days; the others, with varying qualities of protection by vaccination, made good and capital recoveries. The disease had been imported by a navvie—the lodger. A second outbreak occurred a few weeks later (three cases) in the same locality, and traced to some of the bedding having been stolen during operations in the first instance. These I had removed at once and all did well. There was no further outbreak on that side of the township. Indeed we were free until June, when another case of mild character cropped up on the east side, which I found had been contracted while working with another man from the next township who had been exposed to the disease. The same routine was adopted and with perfect success. In July one of the Board's workmen, who had been engaged in the destruction of infected materials, developed the disease in a mild form—vaccination affording him good protection. He was removed to Hospital and kept under quarantine for a few days. Yet again had we to be troubled, for in October another case arose in the very heart of a densely populated area (Heath Lane). The history of its inception was interesting. He had been on a sort of walking tour during the strike, and had been in the course of a very short time through, and staying in some, of the towns where the disease had been so prevalent. The case had not been recognised as early as it should have been, and I was afraid of ulterior mischief in consequence. On being called in, of course I lost no time in removal, and a little later removed a child of this man's. Both did well, although the child had not been vaccinated. I performed the operation with calf lymph. The local effect was not satisfactory, the immediate exhibition of Smallpox in a modified form shewing that the disease had already incubated before the operation, but it minimised its violence. I have experienced this in previous epidemics. No further case has arisen to date. Re-vaccination was performed in all cases I deemed necessary, and in adolescents exposed in first outbreak. The number of cases was to my mind thereby kept down. The above is perhaps a rather lengthy summary of our third epidemic, if it may be called epidemic, of this very dread enemy, and your Board will readily recognise the important aid we had at hand in having our Infectious Hospital ready for emergency. And, although a comparison between the incidence of these cases and our former experiences of Smallpox will strike us as gratifying, we must not forget that the occupation of the Hospital by them interfered considerably with the isolation of cases of a different nature. I found great need for means of a temporary residence for those who had been exposed, while attention was being given to the dwellings and infected material.

*Scarlet Fever.*—The number of notifications in the aggregate positively alarm one at first sight. It will have been noted earlier that these have steadily progressed during the years notification has been in force, and the extreme mildness of the same is remarkably evident from the figures, number of cases, and mortality. While we had seven deaths with 53 cases in 1890, six deaths and 79 cases in 1891, eight deaths and 113 cases in 1892, we had only seven deaths out of 174 cases last year. During the first quarter the numbers shewed only a moderate amount of sickness, then each succeeding month shewed a rapid rise, the numbers for April doubling March, and May trebling it, declining 30 per cent. in June. From observation and enquiry I feel satisfied that school inter-communication was a chief factor, allowed for by attendance of unrecognised cases, or inacquaintance with the mild form in which the disease can present itself in some. Infection through milk supply seemed to be negatived. I inspected several of the schools and found my suspicions confirmed; in one instance no less than 11 in attendance with marked signs of the disease or remnants in the shape of peeling. In two others some four cases each of a similar type. I reported the facts to your Board, advising that as the holidays were about due it would be wise to have them all properly fumigated and cleansed. This was attended to by your Nuisance Inspector. It is quite apparent that efficient and satisfactory destruction of all things which have been exposed to disease is most difficult to attain, and in this connection Scarlet Fever is about the worst of the class. *Home isolation*, practically reduced to the patient occupying a separate room, and having the doorway sheathed by a germicide, does not to my mind meet the desideratum of isolation; since the attendant, usually mother, of course, has the responsibility also of managing the general household duties for rest of family. It will be obvious to you, in houses where the children (unaffected) are debarred from school attendance, that necessary exchanges must frequently take place between the attendant on the sick and the healthy. Such does not secure thorough disconnection of sick from healthy. Financially, too, trained nursing is prohibitive, and thus a vitiated atmosphere of a fever room does not receive the attention necessary and essential to the patient and surroundings. Only too frequently cases are traced as having arisen, undoubtedly from previous ones, after long intervals have elapsed. Its extreme infectivity and power of development at wide ranges of time, teaches us too clearly how very careful we should be in dealing with every single case however trivial the attack may appear. The results of illness such as deafness, chronic discharges from the ear, glandular mischief, heart mischief as secondary to Rheumatic complications, and the heavy annual

mortality throughout the country, ought at no distant date to secure as much dread of this fever as Smallpox has obtained. This point would be more impressed on the public mind if disfigurement from both were equal, and lead to instant and decisive action immediately upon its occurrence.

"Fever" continued on from last year, being mostly prevalent too in the same months—August, September, and October—as was then experienced, and the incidence as regards locality was similar. The corrected totals were Typhoid 27 and Continued 9, while in 1892 they were 43 and 13 respectively. The cases grouped at subjoined ages were as follows:—

	1 to 5.	5 to 15.	11 to 25.	25 to 60.	Total.
1892	...	3	15	12	43
1893	...	1	5	10	27

The mortality was five, inclusive of one out of the cases sent into Hospital in previous year. The deaths in 1892 were equal to 23·2 of those attacked, and in 1893 to 18·5. More than half of the cases took place on the eastern side of the township. Stubshaw Cross, Brynn Gate, &c.—15 in 1893, and 29 in 1892. Of cases occurring in other parts, one was imported from St. Helens, and in several no special direct cause could be assigned; but to the bulk I regard "defective and unsatisfactory condition of house drains, gullies, and slop-pipes," so frequently noticed by the Inspector and myself; "escape of gas from the main sewers," especially from the long lengths which had to be opened, cleansed, and re-laid; "foul ash-pits," from many of which filth filters and pollutes the surrounding subsoil; "unsatisfactory state of yard space surface;" and, at Lily Lane, limited means for free circulation of air round the back of the dwellings, and the density of population in the back-to-back houses there, and in some odd instances overcrowding; these agencies, singly and collectively, are the cause of fever being prevalent. I do not consider water supply has played any part, and evidence as regards milk supply was negatived.

*Membranous Croup and Diphtheria* are all diseases referable to a like condition of things, and diseases specially liable to attacking young children when powers of vitality are low, often prove rapidly fatal. The percentage of deaths, therefore, is usually large to the number attacked. Cases of Diphtheria do not, however, appear to be so prominent as Croup. The latter in 1893 being much more fatal than usual.

*Puerperal Fever*.—An unprecedented amount of sickness occurred amongst lying-in women during the first half of the year. I consulted the practitioners who notified, and found the majority were a sequence of mischief wrought by a midwife who attended in the confinements. I notified her to abstain from taking any further cases for a period of three months, which had a most beneficial effect. I had received 12 advices of this fever to end of June. Two cases cropped up again during August, and a second mid-wife was cautioned with equal benefit. Of the septic condition of these women, and of their ignorance of the great necessity for strictest cleanliness, in all ways, for such class of work is evident. Unfortunately a heavy mortality resulted—10 fatal out of 16.

*Phthisis*.—Now generally recognised as more or less infectious through the media of sputa from phthisical subjects. This, drying up by evaporation, becoming dust-like, floats in the air and facilitates the inhalation and reception of tubercle bacilli in others living in the same house. The death rate per 1,000 from consumption three years ago was 1·71, declining in the next to 1·02, and rising again last year to 1·69. Dampness, with cold and vitiated atmospheres, conduce greatly to it. It is insidious as a general rule—slow, lingering, and protracted in character—hence simple reference to number of deaths in the year, of itself, does not allow of comparison to insanitary conditions running concurrently.

*Bronchitis, Pneumonia, and Pleurisy*.—It is satisfactory to note the fall in this rate. While it was 4·93 in 1891, 5·22 in 1892, it was down to 3·80 last year. This is due entirely to climatic influence—warmth and uniform dryness, i.e., less rain-fall favouring in our district less sickness from such ailments.

*Rheumatic Fever* occasioned one death only, *per se*, which is a fraction below 10 years' average; but we have a fairly uniform return yearly from Heart Disease, of which Rheumatism is oftener than not a forerunner. Indeed the acute, subacute, and chronic forms are largely manifested in medical practice. It is peculiarly associated with damp and cold, and sudden changes of temperature.

*Erysipelas* required notification in 36 instances, being treble that of any of the three previous years, but was fatal only in one case, against four out of 32 in 1892. Like Puerperal Fever, it is easily induced by proximity to septic agencies of all kinds; the subjects of wounds, or injuries, even to a slight abrasion of the skin, are

more open to attack than others; but it can arise idiopathically—overcrowding, bad ventilation, disregard to bodily cleanliness, respiration of foul air from rubbish heaps, bad drains, and the like, are causes. It is very infective at short ranges. From the evidence before me conditions existed, as you will infer from previous notes, at many places likely as causes.

*Diarrhoea, Gastro Enteric Catarrh.*—Both these were prevalent throughout the year, attaining maximum intensity during the hottest months of a hot year, viz.:—June, July, August, and September. The former claimed 26 victims under five, and eight over, against an average for the previous decade of 5.7 and 1.3; while to the latter no less than 21 deaths were referred under 18 months old. Both may be set up by a similar group of causes, and the former is a most prominent symptom of the latter. Chills, ingesta of tainted food, large draughts of cold water, irritant food—solid or fluid. Excessive heat is largely associated with the occurrence of Intestinal Catarrh; and, as you know, "summer" Diarrhoea is a readily accepted illness as a consequence of sun heat. It is difficult to keep food fresh long, and more so when artificial rather than maternal feeding is resorted to for infants. The death rate was so much influenced by fatalities therefrom as to raise the rate to nearly double what it was in corresponding quarter of previous year.

*Sanitation.*—I am pleased to report that the past year has really been a year of good work in remedying very important matters which have a direct bearing on the health of the community, and I beg to submit a brief summary, as such is the outcome of reports from your Nuisance Inspector and myself—the Surveyor ultimately having to contend with the carrying out of the major and most important parts coming under the direct responsibilities of the Board. Mr. Hodgkinson reports us that in January the staff was engaged cleansing the remaining portion of the blocked sewer from Barton's brick works, Lily Lane, to Golborne Road, and of its completion early in February, with the observation that the public health would be best met by fixing a settling tank near to works, although it would be cheaper to cleanse them again when required. Shortly after, at a Special Meeting, the recommendations arising out of a Government Inspection of the watershed were severally considered and approved. 1.—Cleansing bed of No. 2 Reservoir, and making suitable provision for emptying and scouring it periodically. 2.—Obtaining control of certain portion of gathering ground which was objected to as unsuitable. 3.—The adoption of floating arm outlets at both Reservoirs. In March the whole of the sewage tanks had been cleansed, and the cleansing also of a considerable length of blocked sewer lying off Nichol Road had been found necessary. In May he had a serious nuisance, consisting of a large accumulation of sediment containing decaying carcases of dogs, &c., removed from the brook at Town Bridge; and a serious leakage of water in Back North Street had been remedied where the pipe was corroded into holes, having been laid in cinders. I mention this particularly, since possibilities of contaminated water can result from such defects when the water chances to be turned off. In June we find the whole of the sewage tanks had been cleansed, the bed of the brook from gas works to Golborne boundary had been cleared of obstruction, and that attention was being given to the distribution of the sewage on the various plots. The Chairman (Mr. Clark), the Surveyor, and myself, had inspected the Brynn Gate district as to disposal of the sewage, and it was resolved on the Chairman's recommendations to adopt the International system, similar to that at Royton. July; found several house drains connected with a surface drain near Chapel Street, and so polluting the brook—connecting them with main sewer. Plans, specifications, and tenders for the sewage works at Brynn Gates were presented. The Board in reply to a summons for pollution of the brook there accepted an order and paid costs; time, some 18 months, being allowed to complete works. It may be here stated that such works are already nearly completed. The question of water supply to bottom of Old Garswood district (i.e., Copper House Row, &c.), was also under consideration. August: reported the 9-inch sewer in Garswood Street to be three-fourths full of solid matter. During September considerable progress had been made at Brynn Gate sewage works, and the last section of the low level sewer was being laid. It was found that the old sewer had been ineffective from different causes, and connections being at right angles and straight drops. The slop water closet system was suggested for all new properties where practicable. In October the usual cleaning of the sewage tanks and flushing of the sewers had again been completed; and in addition 52 yards of choked sewer in Garswood Street had been taken up and re-laid at a better gradient. Steady progress being made with the new sewers at Brynn. On certain conditions being carried out by owners of property at Copper House Row, the supply of water would be extended thereto. In November Dr. Wheaton, of the Local Government Board, attended a Special Board Meeting and made certain recommendations for the prevention of Cholera and other infectious diseases, with regard to water supply, sewerage, condition of houses, excrement disposal, insanitary yards and courts, and to cowsheds and dairies. He further specialized certain duties in regard to Cholera. Some of these have, and others are receiving practical attention. On perusal of

he several items contained therein, I think you will find that I have from time to time mentioned the same. In December, we hear of the work at Brynn being retarded by unsuitable weather, but under favourable conditions both tanks and sewers could be completed in a few days. With regard to the sewerage of Beech Tree Houses, about 40 or more, difficulty was experienced with the owners, and I believe your Board is now carrying out the same at its own expense. Plans and sections for main sewer to convey sewage from Lowe Bank to Sewage Farm were presented, and instructions given for a scheme, with details, from Garswood district, Spindle Hillock, and Whitledge Green, and for extensions in Eddlestone Lane. Application for borrowing powers to carry out all these is now being made. Very considerable improvements and repairs have been made also to the roads, and a large amount of close attention has had to be given to plans for new property.

*Hospital.*—Proved of eminent service, as already indicated, in stamping out Smallpox at each introduction of the disease. It was necessary in the absence of any temporary shelter for members of families compelled to leave the dwellings for purposes of disinfecting the dwellings, to take them to Hospital for a short time. This gives rise to great difficulties and is very embarrassing. When the Infectious Diseases Act, 1890, was adopted I pointed out power for making such provision was conferred by section 15. I am glad to note that the buildings are now in very good order: the cementing of the walls externally on the weathered sides, both of wards and administrative block, is completed, improves the appearance and is likely to be of some permanent protection against damp. The new ventilators to wards have also been fixed, and the several water pipes all covered with hair packing and cased in wood. I will see to procuring an ambulance as instructed. Provision against fire has also been made.

I have systematically and otherwise inspected the District and reported to your Inspector, and the Board at their Meetings, matters requiring attention. I also spent a considerable time along with Dr. Wheaton in regard to his survey and enquiries. Certain properties in different localities I have condemned and reported others requiring considerable outlay to make them as they ought to be. These are having your immediate attention. The Housing of the Working Classes Act will be resorted to in some instances. I have adopted the use of the Local Government Board Tabloids (perchloride of mercury) as a germicide to the dejecta of infectious cases at home—one of the Board's workmen seeing to the covered pail being regularly attended. Under the Infectious Diseases Act, 1890, section 13 prohibits, under a penalty "*any person who knowingly casts, causes, or permits to be cast into any ashpit, ashtub, or other receptacle for deposit of refuse matter, any infectious material.*" I would suggest that printed slips containing this section be supplied to the Inspector, who could leave one at each house when on his visit of enquiry after receipt of notification. To minimise sickness induced by wet, attention should be paid to unsatisfactory condition of courts, yards, passages, and back streets. The Nuisance Inspector also animadverts upon the same point, and alludes to the difficulty of scavenging in one of his reports. Yards especially should have some hard impervious covering, with a fall to the gully which would in times of rain flush the house drain. Not before improvements are effected in regard thereto, can we expect less Croup, Sore Throat, and Respiratory ailments. The Board has full powers for enforcing owners to do what is necessary, and also for the proper sweeping and cleansing of the same. Slop pipes also, when defective, or absent, as frequently observed lead to an insanitary condition round the gullies and the basement, and no doubt cause sickness. Leaden ones become damaged, or are cut off. The cast glazed earthenware ones built in the wall seeni satisfactory if gully be properly adjusted to same and the joints cemented, but iron would be more desirable, and a clearer drip given over the grid. We have still a very large number of the old-fashioned insanitary type of midden privy, and these should be altered. The main object to be attained is dryness of the contents.

*Overcrowding.*—In future we must apply very stringent measures in regard thereto; especially where lodgers are taken in. And in regard to smoke nuisances I, in the summer, referred to several effects of the frequent habit of firing chimneys. These two points I specially emphasize as requiring attention.

On reference to the Nuisance Inspector's summary for the year annexed you will observe the frequency of drains being at fault, and that the number of uncovered ashpits is 263, with 69 others in connection with pail system. The remainder of his report gives in detail the different kinds of nuisances dealt with and other particulars in connection with the present condition of things.

*Disinfection.*—From time to time, for some years, the question of purchasing a disinfecter has been under consideration. We have always resorted to burning the bedding and infected clothing for Smallpox, the Board replacing all such things so destroyed, as I advised you as being the best and most effective in the end, if not the cheapest: but really we ought to have a disinfecter, and in relation to its efficacy two light handcarts are

required, one for the removal and the other return of the necessary articles. I would here incidentally observe that fumigation, &c., of infected houses has been much retarded when Hospital has been so much engaged. Mr. Gamble tells me he has himself had occasionally to undertake this task. Could not one of your staff be trained to act in this capacity?

There has been no necessity on my part to take any steps in regard to Offensive Processes of Trade, Dairies and Cowsheds, Bakehouses or Workshops, or Food and Drugs Acts; although my attention has been called on one or two occasions to the Market Square in respect to quality of Meat, but not requiring intervention.

SUMMARY OF NUISANCES DEALT WITH DURING 1893.

Stopped Drains ...	...	...	...	...	...	...	...	...	...	...	...	64
Defective Drains	...	...	...	...	...	...	...	...	...	...	...	10
Stopped Gullies	...	...	...	...	...	...	...	...	...	...	...	22
Defective Water Closet	...	...	...	...	...	...	...	...	...	...	...	1
Defective Roofage, Spouting, Eaves, &c.,	...	...	...	...	...	...	...	...	...	...	...	28
Defective Paving around Yard Gullies	...	...	...	...	...	...	...	...	...	...	...	8
Dilapidated and Foul Ashpits...	...	...	...	...	...	...	...	...	...	...	...	34
Dilapidated and Foul Closets ...	...	...	...	...	...	...	...	...	...	...	...	54
Insufficient Closet Accommodation	...	...	...	...	...	...	...	...	...	...	...	12
Dilapidated and Insanitary Houses ...	...	...	...	...	...	...	...	...	...	...	...	37
Shippons Badly Lighted, Ventilated, and Drained	...	...	...	...	...	...	...	...	...	...	...	22
Overcrowding ...	...	...	...	...	...	...	...	...	...	...	...	11
Accumulation of Offensive Matter	...	...	...	...	...	...	...	...	...	...	...	7
Filthy Yard	...	...	...	...	...	...	...	...	...	...	...	1
Filthy House	...	...	...	...	...	...	...	...	...	...	...	1
Nuisance from Keeping Poultry	...	...	...	...	...	...	...	...	...	...	...	1
												<hr/>
												<u>313</u>
Number of rooms Disinfected ...	...	...	...	...	...	...	...	...	...	...	...	123
,,      ,,      Limewashed	...	...	...	...	...	...	...	...	...	...	...	46
												<hr/>
												<u>169</u>
Number of Privies converted to Pail System	...	...	...	...	...	...	...	...	...	...	...	32
,,      Ashpits covered	...	...	...	...	...	...	...	...	...	...	...	18
Number of Uncovered Ashpits at present time	...	...	...	...	...	...	...	...	...	...	...	263
,,      ,,      in connection with Pails	...	...	...	...	...	...	...	...	...	...	...	69

Four samples of milk have been taken during the year, three were certified by the Analyst as genuine and the other was certified as a very poor quality but not such as would justify a prosecution.

The same remarks apply this year as last as regards improved Courts, Yards, and Back Streets, and little or no provision is made for surface water.

As regards the Dairies and Cowsheds better accommodation is being provided for the cattle, but I must say the work is progressing very slowly.

I am, Gentlemen,

Your Obedient Servant,

NATHAN HANNAH,

F. of Inc. Soc. of M.O.H's.

